

Federal Communications Commission Washington, D.C. 20554	Approved by OMB 3060-0906 (November 2008)	FOR FCC USE ONLY
FCC 317		
ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS		FOR COMMISSION USE ONLY FILE NO. BAFCDT - 20091201AFC
Read INSTRUCTIONS Before Filling Out Form		

Section I - General Information

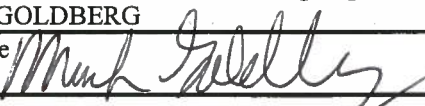
1.	Legal Name of the Licensee or Permittee 54 BROADCASTING, INC.		
	Mailing Address 908 W. MARTIN LUTHER KING BOULEVARD		
	City AUSTIN	State or Country (if foreign address) TX	ZIP Code 78701 -
	Telephone Number (include area code) 5124785400		E-Mail Address (if available)
	FCC Registration Number: 0006564959	Facility ID Number 144	Call Sign KNVA
2.	Contact Representative (if other than Licensee or Permittee) CLIFFORD M. HARRINGTON, ESQ.		
	Firm or Company Name PILLSBURY WINTHROP SHAW PITTMAN LLP		
	Telephone Number (include area code) 2026638000		E-Mail Address (if available) CLIFFORD.HARRINGTON@PILLSBURYLAW.COM
3.	For the twelve-month period ended September 30th, has the DTV licensee or permittee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624? If "No," complete Question 7 and submit this Report to the Commission. If "Yes," proceed to Questions 4 through 7.		<input type="radio"/> Yes <input checked="" type="radio"/> No
4.	Ancillary/Supplementary Services Provided. Briefly describe below the service provided; whether a fee was charged for the provision of such service; and, if so, the amount of gross revenues received therefrom and the amount of DTV bitstream used to provide such service. [Services Provided]		
5.	Total amount of gross revenues derived from feeable ancillary or supplementary services:		\$
6.	Has the DTV licensee or permittee remitted to the Commission, through the filing of FCC Form 159, a payment in the amount of 5% of the gross revenues derived from the feeable ancillary or supplementary services?		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
7.	Certification. I certify that I have examined this Report and that, to the best of my knowledge and belief, all statements in this Report are true, correct and complete.		
	Typed or Printed Name of Person Signing THOMAS J. VAUGHAN		Typed or Printed Title of Person Signing SOLE OFFICER AND DIRECTOR
	Signature		Date 12/01/2009

WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).

Exhibits

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ANNUAL DTV ANCILLARY/SUPPLEMENTARY SERVICES REPORT FOR DIGITAL TELEVISION STATIONS		FOR COMMISSION USE ONLY FILE NO. - 20071120AEJ
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Section I - General Information

1.	Legal Name of the Licensee 54 BROADCASTING, INC.		
	Mailing Address P.O. BOX 684647		
	City AUSTIN	State or Country (if foreign address) TX	ZIP Code 78768 - 4647
	Telephone Number (include area code) 5124785400		E-Mail Address (if available)
	FCC Registration Number: 0006564959	Facility ID Number 144	Call Sign KNVA
2.	Contact Representative (if other than Licensee) BARRY A. FRIEDMAN		Firm or Company Name THOMPSON HINE LLP
	Telephone Number (include area code) 2023318800		E-Mail Address (if available) BFRIEDMAN@THF.COM
3.	<p>For the twelve-month period ended September 30th, has the DTV licensee provided, at any time during the period, an ancillary or supplementary service as defined by 47 C.F.R. Section 73.624?</p> <p>If "No," complete Question 7 and submit this Report to the Commission.</p> <p>If "Yes," proceed to Questions 4 through 7.</p>		<input type="radio"/> Yes <input checked="" type="radio"/> No
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	Typed or Printed Name of Person Signing MARK GOLDBERG		Typed or Printed Title of Person Signing PRESIDENT
	Signature 		Date 11/20/2007

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Exhibits

Federal Communications Commission

FCC MB - CDBS Electronic Filing
Account number: 1655

Description: ANNUAL KNVA REPORT
Application Reference Number: 20071120AEJ
Successfully filed at Nov 20 2007 2:25PM

Based on the information supplied, no fee is required.

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	FCC Registration Number: 0006564959	Facility ID Number 144	Call Sign KNVA
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Typed or Printed Name of Person Signing THOMAS J. VAUGHAN		Typed or Printed Title of Person Signing SOLE OFFICER AND DIRECTOR	
Signature		Date 11/16/2010	

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